

**DISPROPORTIONATE SHARE HOSPITAL PAYMENT PROGRAM
INTERGOVERNMENTAL TRANSFEROR (IGT) ADDRESS QUESTIONNAIRE**

Referencing the IGT-specific contact information below, please confirm that the information is correct by completing this Address Questionnaire. Return the questionnaire to:

**Department of Health Services
Medi-Cal Policy Division
Disproportionate Share Hospital Unit
Attention: Elizabeth Garcia
1501 Capitol Avenue, Suite 71.4001
MS 4612
P.O. Box 997417
Sacramento, CA 95899-7417
Phone (916) 552-9693 Fax No. (916) 552-9504
sb855dshunit@dhs.ca.gov**

_____ No changes:

_____ Please make changes to:

Name: _____

Transfer Entity: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ ext. _____ Fax: _____

E-Mail: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____